

Assembly Bill No. 818

CHAPTER 476

An act to amend Section 1279.7 of the Health and Safety Code, relating to health facilities.

[Approved by Governor October 11, 2009. Filed with
Secretary of State October 11, 2009.]

LEGISLATIVE COUNSEL'S DIGEST

AB 818, Hernandez. Health facilities: connection ports.

Existing law establishes various programs for the prevention of disease and the promotion of the public health under the administration of the State Department of Public Health, including, but not limited to, a program for the licensure and regulation of health facilities.

Existing law, to become operative January 1, 2011, prohibits certain health facilities from using an intravenous, epidural, or enteral feeding connection that would fit into a connection port other than the type it was intended for, unless an emergency or urgent situation exists and the prohibition impairs the ability to provide health care.

This bill would, instead, for epidural connections, make the operative date of this prohibition 36 months after prescribed standards are developed, or January 1, 2014, whichever occurs first, and for intravenous and enteral connections, make the operative date 24 months after prescribed standards are developed, or January 1, 2013, whichever occurs first. The bill would require the Advanced Medical Technology Association to report annually to the Legislature on the progress of the development of those standards. The bill would require measures to prevent adverse effects be included in the health facility patient safety plan, as prescribed.

The people of the State of California do enact as follows:

SECTION 1. Section 1279.7 of the Health and Safety Code is amended to read:

1279.7. (a) A health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, shall implement a facility-wide hand hygiene program.

(b) Commencing 36 months after the publication of a new design standard for connections for epidural applications by the International Organization for Standardization, or January 1, 2014, whichever occurs first, a health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, is prohibited from using an epidural connection that would fit into a connection port other than the type it was intended for, unless an emergency or urgent

situation exists and the prohibition would impair the ability to provide health care.

(c) Commencing 24 months after the publication of a new design standard for connections for intravenous or enteral applications by the International Organization for Standardization, or January 1, 2013, whichever occurs first, a health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, is prohibited from using an intravenous connection or an enteral feeding connection that would fit into a connection port other than the type it was intended for, unless an emergency or urgent situation exists and the prohibition would impair the ability to provide health care.

(d) The Advanced Medical Technology Association shall, on January 1 of each year until the standards are developed, provide the Legislature with a report on the progress of the International Organization for Standardization in developing new design standards for connections for intravenous, epidural, or enteral applications.

(e) A health facility that is required to develop a patient safety plan pursuant to Section 1279.6 shall include in the patient safety plan measures to prevent adverse events associated with misconnecting intravenous, enteral feeding, and epidural lines. This subdivision shall become inoperative as to epidural connections upon the operative date of subdivision (b) and as to intravenous and enteral connections upon the operative date of subdivision (c).